U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 4696		2. Fiscal Year Covered From:		
	11096	01/01:/2004 Through: 12/31/2004		
3. Name and address of person filing.		4. Name, file number, and address of labor organization.		
Name	Norman A Teed	Name Engineers, Operating, AFL-CIO LU4  Labor Organization File Number 033-610		
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Room Number, if any		
Street	201 Elm St. E	Street 16 Trotter Drive		
City	Raynham	City Medway		
State	MA ZIP Ccde + 4 02767	State <b>MA</b> ZIP Code + 4 <b>02053</b>		
5. Positio	n in labor organization.  Recording Secretar	y - Business Agent		

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

· · · · · · · · · · · · · · · · · · ·	(+Masks == skeemen m m == s	·			
A. Held an interes: in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
6. Name and address of Employer (including trade name, if any).		7.a. Nature of Interest, Transaction, or Income.			
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any		7.b. Amount.			
Street		7.b. Amount			
City					
State Z	IP Code + 4				

## Signature

15. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed	Yolman a Sud	On	8/11/2005	508-822-5518
_			Date	Telephone Number

9. Business deals with:

 $\boldsymbol{X}^{\perp}$  b. Trust

c. Employer

a. Labor Organization

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Hoisting & Portable Engineers, Local 4 Apprentice & Training Program Trade Name, if any: Engineers Training Center

P.O. Box, Bldg. Room No., if any

Street 1 Engineers Way

Canton City

MA State

ZIP Code + 4 02021

11.a, Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name

Name Hoisting & Portable Engineers, Local 4 Apprentice & Training Program
Trade Name, if any: Engineers Training Center

P.O. Box, Bldg., Room No., if any

Street 1 Engineers Way

City Canton

State MA ZIP Code + 4 02021

IUOE Training and Safety & Health Conference April 17 - 23, 2004 SanDiego, CA

11.b. Approximate dollar value of such dealing.

2373.00

12.a. Nature of interest held or income received.

Air Fare 430 Hotel Bill 1376 Registration 250 Daily Expenses317 (meals, tips, ground transportation, parking, tolls, porters)

12.b. Amount.

14.a. Nature of payment.

2373.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

13.b. Is the Business an Employer

or Consultant

14.b. Amount of payment.

Name of Person Filing Norman A. Teed	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actiful (2) any part of which consists of buying from or selling or leasing directly or included in the consists of buying from the consists of buying from the consists of buying from or selling or leasing directly or included in the consists of buying from the consist	wise dealing with the business vely seeking to represent, cr directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Hoisting & Portable Engineers, Local 4 Apprentice & Training Progra Trade Name, if any: Engineers Training Center  P.O. Box, Bldg., Room No., if any  Street 1 Engineers Way  City Canton  State MA ZIP Code + 4 02021  10. If 9.b. or 9.c. is checked give trust or employer's name  Name Hoisting & Portable Engineers, Local 4 Apprentice & Training Program Trade Name, if any: Engineers Training Center  P.O. Box, Bldg., Room No., if any	X' b. Trust  c. Employer  11.a. Nature of such dealing.  Labor Management Construction Safety Conference March 23 - 24, 2004
Street 1 Engineers Way	11.b. Approximate dollar value of such dealing. 250.00
City Car.ton  State MA ZIP Code + 4 02021	12.a. Nature of interest held or income received.  Meeting Registration 250.00
	12.b. Amount. 250.00
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing Norman A. Teed	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, seiling or leasing to, or other of an employer whose employees your labor organization represents or is actiful (2) any part of which consists of buying from or selling or leasing directly or included in the pour labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Hoisting & Portable Engineers, Local 4 Apprentice & Training Progra Trade Name, if any: Engineers Training Center  P.O. Box, Bldg. Room No., if any	9. Business deals with:  a. Labor Organization  X b. Trust  c. Employer
Street 1 Engineers Way	S. Empoys.
City Canton	
State MA   ZIP Code + 4   02021	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Hoisting & Portable Engineers, Local 4 Apprentice & Training Program Trade Name, if any: Engineers Training Center	11.a. Nature of such dealing.  Massachusett:s Building Trades Council AFL CIO, May 12-14, 2004
P.O. Box, Bidg., Room No., if any	
Street 1 Engineers Way	11.b. Approximate dollar value of such dealing. 28.00
City Canton	11.b. Approximate dollar value of such dealing. 28.00  12.a. Nature of interest held or income received.
State MA ZIP Code + 4 02021	Meal 28.00
	12.b. Amount. 28.00
C. Received from any employer (other than an employer covered unde	er parts A and B above)
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trace name, if any).	v or other thing of value  14.a. Nature of payment.
Name	
Trade Name, if ar y:	
P.O. Box, Bldg., Floom No., if any	
Street	
City	
State ZIP Ccde – 4	

14.b. Amount of payment,

?

or Consultant

13.b. Is the Business an Employer